

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF BIRTH

State File No. 107

Registered No. 127

1. PLACE OF BIRTH—Gila
County Gila State Arizona
Township _____ or Village San Carlos
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rachel Randall
(If child is not yet named, make supplemental report, as directed)

3. Sex of child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Legitimate? Yes 7. Date of birth 2.24/23
(Month, day, year)

FATHER		MOTHER	
8. Full name	<u>Oscar Randall</u>	14. Full maiden name	<u>Maud Johnson</u>
9. Residence (Usual place of abode) If nonresident, give place and State	<u>San Carlos Ariz</u>	15. Residence (Usual place of abode) If nonresident, give place and State	<u>San Carlos Ariz</u>
10. Color or race <u>Indian</u>	11. Age at last birthday <u>28</u> (Years)	16. Color or race <u>Indian</u>	17. Age at last birthday <u>29</u> (Years)
12. Birthplace (city or place) (State or country)	<u>San Carlos Ariz</u>	18. Birthplace (city or place) (State or country)	<u>San Carlos Ariz</u>
13. Occupation Nature of industry <u>Farmer</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>none</u> (c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ~~attended~~ the birth of this child, who was female at _____ m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

Ch. Sawyer M.D.

(Physician or Midwife)

Given name added from a supplemental report 993-224-415
(Month, day, year)

Address San Carlos, Ariz
Filed 2/6, 1923 B. B. Sox
Registrar.